

MULTIPLE DEP  
FEE CALCUL. I  
CLAIM  
SHEET  
(FOR USE WITH FORM PTO-875)

Brooker

SERIAL NO.

FILING DATE

APPLICANT(S)

10/049305

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4						
5	2					
6	8					
7						
8	8					
9						
10						
11						
12						
13	5					
14						
15						
16						
17	5					
18	5					
19	8					
20						
21	7					
22	8					
23	1					
24	1					
25	2					
26	8					
27	8					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	8					
35	8					
36	1					
37	1					
38	1					
39	1					
40	2					
41	1					
42	1					
43	2					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			118			
TOTAL CLAIMS			54			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS